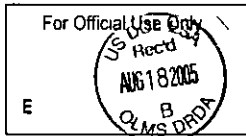


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9863</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Jeff</u> <u>Belunza</u> P O Box, Bldg , Room No , if any Street <u>2100 Merced Street, Suite B</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94577</u>	4 Name, file number, and address of labor organization Name <u>Teamsters Local 853</u> Labor Organization File Number <u>020-870</u> P O Box, Building and Room Number, if any Street <u>2100 Merced Street, Suite B</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94577</u>
5 Position in labor organization <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Jeff Belunza</u>	On <u>8/8/2005</u> Date	<u>510-895-8853</u> Telephone Number

Name of Person Filing Jeff Belunza	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Lipman Insurance Administrators, Inc</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street 39420 Liberty Street, Suite 206</p> <p>City Fremont</p> <p>State California ZIP Code + 4 94538</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input checked="" type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Teamsters Benefit Trust</p> <p>Trade Name, if any</p> <p>P O Box Bldg, Room No, if any P O Box 5820</p> <p>Street</p> <p>City Fremont</p> <p>State California ZIP Code + 4 94538</p>	<p>11 a Nature of such dealing</p> <p>Multi-Employer Trust Fund</p> <p>The Employer listed in Item 8 is the third party administrator of the Trust Fund</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>See continuation page</p> <p>12 b Amount \$30</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

**Name of person filing: Jeff Belunza**

**Item 12.a**

**Continuation Page 2 for Teamsters Benefit Trust**

**Page 2 of 2**

The person identified in Section 3 is an officer for the labor organization identified in Section 4, whose members are covered by the entity in Item 10. The labor organization identified in Section 4 participates in the multiemployer trust, which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, identified in Section 10. The amount entered in Section 12 b represents the estimated value of food and beverages received that were incurred on December 10<sup>th</sup>, 2004. This estimate is based on a review of the individual listed in Item 3's business calendar for appointments and meetings in 2004.